



1631

**BOX NON-FEE AMENDMENT**

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Complete if Known	
	Application Number	09/973,862
	Filing Date	October 11, 2001
	First Named Inventor	Kelly G. AMMANN et al.
	Examiner Name	Unknown
	Group Art Unit	Unknown
Total Number of Pages in This Submission 18		Attorney Docket Number 2599-104-D4
<b>ENCLOSURES (check all that apply)</b>		

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|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form                                     | <input type="checkbox"/> Assignment Papers  | <input type="checkbox"/> After Allowance Communication to Group                            |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> Amendment/Reply  | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Proprietary Information   |
| <input type="checkbox"/> Affidavits/declaration(s)                                | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Status Letter   |
| <input type="checkbox"/> Extension of Time Request                                | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):            |
| <input type="checkbox"/> Express Abandonment Request                              | <input type="checkbox"/> Terminal Disclaimer  | - Preliminary Amendment  |
| <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement | <input type="checkbox"/> Request for Refund   | - Supplemental Application Data Sheet  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                   | <input type="checkbox"/> CD, Number of CD(s)  |  |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application         | REMARKS:  |  |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53      |   |  |

SUBMITTED BY:				Complete (if applicable)	
NAME AND REG. NUMBER	Richard Wydeven, Registration No. 39,881				
SIGNATURE		DATE	11/15/01	DEPOSIT ACCOUNT USER ID	02-2135